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|---|--------------------------------------|--------------------------------------|----------------|---|
| PETITION FOR EXTENSION OF | Ţ | CFR 1.136(a) | Docker | 34741-965 |
| | In re Application of | Bria | Brian Wehrung | |
| | Application Number | 10/719,069 |) | Filed 11/21/2003 |
| | For Distribute | d Control System | Architec | ture and Method fo |
| | Group Art Unit | 3653 | Examine Sh | napiro, Jeffery A |
| This is a request under the provisions of reply in the above identified application. | 37 CFR 1.136(a) to | extend the period fo | r filing a | |
| The requested extension and appropriate (check time period desired): | e non-small-entity fe | e are as follows | | |
| One month (37 CFR 1.17(a) | (1)) | | | \$ |
| X Two months (37 CFR 1.17(a | a)(2)) | | | \$ 450.00 |
| Three months (37 CFR 1.17 | (a)(3)) | | | \$ |
| ☐ Four months (37 CFR 1.17(a | a)(4)) | | | \$ |
| Five months (37 CFR 1.17(a | a)(5)) | | | \$ |
| Applicant claims small entity statuation above is reduced by one-half, and A check in the amount of the fee in | the resulting fee is: s enclosed. | | amount sl | nown |
| Payment by credit card. Form PTC | | | | |
| The Commissioner has already be application to a Deposit Account. | en authorized to ch | arge rees in this | | |
| The Commissioner is hereby author credit any overpayment, to Dep I have enclosed a duplicate copy of | osit Account Numbe | | required, | |
| I am the applicant/inventor | | | | |
| assignee of record of th Statement under 37 | | e 37 CFR 3.71. losed. (Form PTO/S | B/96). | |
| attorney or agent of rec | | | | |
| attorney or agent under Registration number if a | cting under 37 CFR 1.34 | (a) | | |
| WARNING: Information on this for be included on this form. Provide | | | | |
| February 14, 2007 | | | \leq | |
| Date | | Signa | | |
| | | Scott D. Sanfo | | |
| | | Typed | l or printe | a name |
| NOTE: Signatures of all the inventors or assignees forms if more than one signature is required, see be | | terest or their representat | ive(s) are re | equired. Submit multiple |
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